



MONTANA STATE HOSPITAL POLICY AND PROCEDURE

POLICY DEVELOPMENT, REVISION, APPROVAL, AND DISTRIBUTION

Effective Date: June 4, 2004

Policy #: ADM-04

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I. PURPOSE: To provide a systematic procedure for developing, reviewing, updating, approving, and distributing hospital policies (see Attachment A for a sample format).

II. POLICY:

- A. Hospital policies contain information relative to policies, programs, standard procedures, regulations, requirements, committees, and other areas relative to overall hospital philosophy and operation.
- B. Montana State Hospital will maintain an up-to-date policy manual available to all staff members.
- C. The following basic principles regarding hospital policy must be observed in order to assure an effective and efficient program:
 - 1. Must be written in clear and concise language and will have an expiration date not to exceed three years; as changes to policy or procedures occur, policies are to be updated to reflect these changes.
 - 2. Development of policies will be a collaborative process involving representatives from all areas that have responsibility to carry out the policy. Policy development or updates should be collaborated in such a manner to ensure that all required concurrence is obtained prior to signature and distribution.
 - 3. Hospital policies are limited to those policies that affect multiple services, reflect a fundamental direction of the facility, or are related to high risk, high cost, or problem prone endeavors. Policies that affect a single service are to be maintained as service-level policies.

III. DEFINITIONS: None

IV. RESPONSIBILITIES:

- A. The Hospital Administrator shall have the following responsibility for hospital policies:
 - 1. Review hospital policies prior to signature to ensure accuracy and content are consistent with CMS and licensing standards and state law/administrative rules.

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2. Ensure appropriate and applicable third party standards and State Statute are listed under the reference section in all policies.
 3. Review and approve all hospital policies and ensure all employees follow all policies consistently.
- B. The Administrative Officer to the Hospital Administrator shall have the following responsibilities:
1. Issue hospital policy numbers for new policies.
 2. Issue a current index of hospital policies.
 3. Develop and maintain a tracking/tickler system to ensure each policy is reviewed for renewal within established time frames.
 4. Coordinate Policy Review Meetings with each policy's responsible person and collaborating parties as needed.
 5. Review all hospital policies prior to signing to ensure consistent format and established guidelines are followed.
 6. Maintain a filing system of all revised and rescinded policies to ensure accessibility of non-current policies.
 7. Ensure new or revised policies are distributed to all appropriate personnel and placed in all MSH Policy Manuals.
- C. Department Directors at MSH have the following responsibilities:
1. Determine the need for a hospital policy versus a service level policy and procedure.
 2. Review current overlapping policies, which can be incorporated into one policy through collaboration.
 3. Assure technical accuracy of the contents of all policies originating from their department/service. It may be necessary to collaborate updating the policy with a number of departments/services to insure accuracy. The policy must be consistent with current standards and requirements of the Department of Public Health and Human Services, external surveying bodies such as CMS, state licensing bodies, and state statute/administrative rules.
 4. Coordinate updating and revising all hospital policies assigned to the department/service in such a manner that policies are reviewed and reissued on or before the renewal date.
 5. Ensure employees within their department are aware of and follow hospital policy.
 6. Review and approve policies affecting their departments.
- D. Human Resources shall review accuracy and content of hospital policies as applicable to personnel practices and bargaining unit contracts.
- E. Medical Director shall review and approve all hospital policies of a clinical/medical nature or policies that affect clinical care and treatment.

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V. PROCEDURE:

- A. A Policy Review Meeting will be scheduled as needed to update existing policies for approval before the expiration of their three-year review date. The Policy Review Meeting will consist of the following core group whenever possible:
 - 1. Director of Quality Improvement and Public Relations
 - 2. Hospital Administrator
 - 3. Responsible Person as listed on policy
 - 4. All collaborating parties as listed on the policy
 - 5. Other staff as needed
- B. All hospital staff are encouraged to make suggestions to their supervisors for new hospital policy or revisions to existing policy.
- C. If a supervisor or hospital committee believes a suggestion for a new policy has merit, a draft will be prepared using the format described in Attachment A. Preparation of the draft shall be a collaborative process with input obtained from service/department supervisors who are knowledgeable about the subject matter and responsible for carrying out tasks addressed by the policy.
 - 1. Prepare all new policies or existing policies, according to the *format shown in Attachment A*.
 - 2. The individual who prepared the new policy draft will contact the Administrative Officer to the Hospital Administrator for a policy number.
 - 3. The Administrative Officer will then coordinate/schedule a Policy Review Meeting to review the policy if necessary.
- D. The Director of Human Resources will review policies that may impact employee bargaining unit contracts or personnel policy.
- E. The policy will then be routed to the Medical Director or Department Director and the Hospital Administrator for approval and signature.
- F. After approval, policies will be forwarded to the Administrative Officer to the Hospital Administrator to update the computerized policy manual and distribute to all appropriate personnel and hospital policy manuals. Indexes will be updated and distributed as needed.

VI. REFERENCES: None

VII. COLLABORATED WITH: Hospital Administrator, Medical Director, Director of Quality Improvement, Director of Human Resources, and the Director of Nursing Services.

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VIII. RESCISSIONS: Policy #ADM-04, *Policy Development, Revision, Format, Approval and Distribution* dated March 1, 2001; Policy #ADM-04, *Policy Development, Revision, Format, Approval, and Distribution* dated February 14, 2000; Policy #ER-03-96-R – *Policy Development, Approval and Dissemination* dated October 10, 1996.

IX. DISTRIBUTION: All hospital policy manuals and all supervisors.

X. REVIEW AND REISSUE DATE: June 2007

XI. FOLLOW-UP RESPONSIBILITY: Administrative Officer to the Hospital Administrator.

XII. ATTACHMENTS:

A. [Format for Hospital Policy](#)

_____/_____/_____
Ed Amberg Date
Hospital Administrator

ATTACHMENT A
FORMAT FOR HOSPITAL POLICY

MONTANA STATE HOSPITAL
POLICY AND PROCEDURE

TITLE OF HOSPITAL POLICY (all capitals, centered and bolded)

Effective Date: (Leave blank, the Admin. Officer to the Hospital Administrator will insert after policy has received final approval).

Policy #: ADM-03
(Admin. Officer will provide for new policies).

- I. PURPOSE:** (Please bold headings and use all capitalized letters – notice the Roman numeral is bolded).

A brief statement describing the reason the policy is being enacted. The purpose usually consists of one sentence (second line of paragraph should be flush with the margin of the word PURPOSE). Text should be mixed case letters.

- II. POLICY:** A general statement describing a consistent course of action to be followed in order to attain a desired outcome or goal. This should be a brief statement regarding the hospital's policy on the subject matter without a complete, detailed explanation of responsibilities or procedures.

III. DEFINITIONS:

- A. Definition: A descriptive statement for terms used in the policy or procedure that may not be clearly understood by the reader. Underline the term being defined.
- B. If none, indicate "none."

- IV. RESPONSIBILITIES:** A list of persons, by position, who are primarily responsible for key aspects of the policy. Specify who is responsible for carrying out which requirements of the policy.

- V. PROCEDURE:** A description of the process for carrying out tasks related to the policy implementation. This section should indicate how the requirements of the policy would be carried out.

- VI. REFERENCES:** List applicable statute, regulations, standards or sources of information used to develop the policy.

- _____/_____/_____
 Ed Amberg Date
 Hospital Administrator

_____/_____/_____
 Department Director Date

_____/_____/_____
Department Director Date